

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

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UNITED STATES DISTRICT COURT

for the

District of South Carolina



FLORENCE Division

Jason Fortune

Case No. 2:23-463-DCN-MHC

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Dorchester County, a municipal entity; Cheryl Graham, Paul F. LeBarron, Lisa Green, Susan Bishop, Tracey Turner in their individual and official capacities SC DMV, Kevin A. Shwedo, Rob Bails, Shirley Rivers, in

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jason Fortune		
Address	2711 Main st		
	Sellers	Sc	29592
	City	State	Zip Code
County	Marion		
Telephone Number	843-453-8129		
E-Mail Address	fortunate64@gmail.com		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Cheryl Graham		
Job or Title (if known)	County Clerk		
Address	5200 E. Jim Bilton Blvd.		
	St. George	SC	29477
	City	State	Zip Code
County	Dorchester County		
Telephone Number	843-563-0160		
E-Mail Address (if known)			
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 2

Name	Lisa Green		
Job or Title (if known)			
Address	212 Deming Way		
	Summerville	SC	29483
	City	State	Zip Code
County	Dorchester County		
Telephone Number	843-832-0360		
E-Mail Address (if known)			
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Kevin A. Shwedo
Executive Director
10311 Wilson Boulevard
Building C
Blythewood, Sc 29016

Rob Baliles
Chief of Staff and Director of operation
10311 Wilson Boulevard
Building C
Blythewood, Sc 29016

Shirley Rivers
Director Of Driver Services
10311 Wilson Boulevard
Building C
Blythewood, Sc 29016

Defendant No. 3

Name

Susan Bishop

Job or Title (if known)

Address

212 Deming Way

Summerville

SC

29483

City

State

Zip Code

County

Dorchester

Telephone Number

943-832-0360

E-Mail Address (if known)

☐ Individual capacity
 ☒ Official capacity

Defendant No. 4

Name

Tracey Turner

Job or Title (if known)

Address

212 Deming Way

Summerville

SC

29483

City

State

Zip Code

County

Dorchester

Telephone Number

843-832-0360

E-Mail Address (if known)

☐ Individual capacity
 ☒ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☐ Federal officials (a *Bivens* claim)
- ☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials? 5th, and 14th Amendment, 18 U.S.C. 241 and 18 U.S.C. 242

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
Denied access to the Court refused to accept documents. When documents were accepted not processed. SC Rule 38, SC Constitution Article 1 section 3 and 9.
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III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?
212 Deming Way Summerville Sc 29483 Dorchester County Clerk office.
-
- B. What date and approximate time did the events giving rise to your claim(s) occur?
17 January 2023 @2:09, 4 September 2020 @ 10:30 6 August 2019 @10:51 and 9 September 2019 @ 9:44
-
- C. What are the facts underlying your claim(s)? (*For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)
I was trying to file documents at the County Clerks office, Susan Bishop and Tracey Turner refused to file my documents. Susan Bishop and Tracey Turner stated to me that the attorney for DSS had to review my documents and he decided if it went to the judge. This has happened multiple times by the county clerks office. When the documents are accepted they were just put in my file. The latest document as recent as the 17th of January 2023 was just put in my file, asking for a trial by jury. Kathy Jones witnessed some of the incidents. DMV agency, Rob Bailes, Kevin A, Shwedo, Shirley Rivers SC Child Support enforcement did not reinstate my Driver license or any due process for suspending them indefinitely
-

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Lost of Home and business as well as the emotional trauma that I have suffered, such as depression, loss of enjoyment of life, and embarrassment.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$2 Million for loss of home, emotional pain and suffering , \$1.5 Million For lost of Business and \$1.5 Million punitive damages.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 02/02/2023

Signature of Plaintiff

Printed Name of Plaintiff

Jason Fortune
Jason Fortune

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address